PTO/8B/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Petent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE

10/1923S		PATEN	Application or Dockel Number							
101,	-	CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY					ENTITY	OR	OTHER THAN SMALL ENTITY	
	_	FOR	NUMBER FILED NUMBER EXTRA		BER EXTRA	RATE	FEE	1	RATE	
		ASIC FEE 7 CFR 1.10(a))						1	1	ree
	10	DTAL CLAIMS		<del></del>		<del> </del>	<u> </u>	OH		1
		7 CFR 1.10(c)) DEPENDENT CLAIMS	minue 2		<del></del>	X 1	<b>-</b>	Off	x 1	
	()	7 CFR 1.10(6))	ninus	3		x 1		OR	x 1	
	M	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						011	11	
	. ,	l the difference in column	ular *0* in colum	n 2	TOTAL	L	]. OR	TOTAL		
		CLAIMS AS AMENDED - PART II								
		(Column 1) (Column 2) (Column 3)					SMALL ENTITY OR		OTHER THAN SMALL ENTITY	
D-10-05 Shoul	A TABADABAT A	- RE	CLAIMS MAINING UTTER NOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
	N O	Total (STECHELIKE)	Minus		'	1,25.		OR.	x 50 .	
	N W	Independent - C	Minus	3	,	1.100.		OR OR	,,200.	
	ব	FIRST PRC SERTATOR	OL MOLIBLE DESEND	ENT QUE (37 C	FR 1 16(8))	+ 5 .		OR		
				<del></del>		101AL			101AL	
						ADD'L FEE		OU	ADD'L FEE	
			AlMS	(Column 2) HIGHEST	(Column 3)					
	AMENOMENT B	AJR A BAAA	MAINING TER (DIMERT)	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI TIONAL FEE		RATE	ADDI TIONAL TEE
	Note that the second of the	O: Con const	Minus	••	1 *	x s :	İ	OR	x 5	
	₩ N N	Independent :	Minus			3 5 :	: :			
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•		THE STANCE CONTACTOR OF MUCHINE DEPENDENT CAME OF CERTIFICAL 1						(11-	TOTAL	
		4001.166						Ot:	ADDIFEE	
		(Coi	ain 1)	(Column 2)	(Celumn 3)					
,	ENT C	A DUA	AIMS AINING TER DMENT	HIGHEST NUMBER PREVIOUSU PAID FOR	PRESCHI	BAT(	ADDI LIONAL EEE		RATE	ADDI LIONAL DDI
		Parlan (1) Lean Albaniera	Linus			) s:		Of.	A. 3	
	AMENDME	Ox Circ incent	Minus		7	x 5=		OF.	k \$:	
	A	FIRST PRESENTATION OF	. MONTHELE DE PENDEM	41 Q.WM (31 CF	R 1 16(0))	+ 5 =		OI:	+ 5 =	
						TOTAL	-	٠ ١	TOTAL	

. If the entry in options this less than the entry in column 2, write 9% in column 3.

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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '70" If the "Highest Number Previously Paid For IN THIS SPACE is less than 2 enter '3".

The Trightest Komber Previous Pard For Relation Independently the impliest momber found in the appropriate from column 1.

This count — First mark to trip and by 37 CFF 1.16. The information is required to obtain or retain a benefit by the picture which is to file fand by the USFT CFF 2.25 are 37 CFF 1.34. This collection is estimated to take 37 minutes to complete. in classics garming, preparing, and submitting the completes application form to the USCFO. Time will vary depending upon the individual case. Any comments on the artist of this year of the Library of the Complete this form and/or suggests, to far requesting this burden, should be sent to the Control Internation Office, U.S. Department of Committee, P.O. Box, 1450, Alexandria, VA 22313, 1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Commits should be sent to the Committee of 
ADDITEE